

PMS40 CREATION OF A SHORT VERSION OF THE VALUED LIFE ACTIVITIES QUESTIONNAIRE (S-VLA)

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OBJECTIVES: The current VLA disability questionnaire (L-VLA), which provides an assessment of disability in a broad range of life activities, queries difficulty in 33 activities, with 4 follow-up questions for each activity regarding the need for accommodations (ACCs). Our objective was to create a short version of the questionnaire incorporating the use of ACCs, for rheumatoid arthritis (RA). **METHODS:** Data from 2 years' administration of the L-VLA in a longitudinal cohort of individuals with RA were used (n = 449,421). Analyses were first conducted with Year 1 data and then validated with Year 2 data. Item response analyses were performed. Items were deleted based on misfit, logit values that duplicated information provided by other items providing information at similar logit values, and substantive considerations. Psychometric properties of the short version (S-VLA) and L-VLA were compared. **RESULTS:** Partial credit and rating scale models were both tested; the partial credit model had fewer item and step misfits (G^2 likelihood ratio = 623.881, $p < 0.0001$). The scoring range was expanded to 0–5 to account for use of ACCs. Deletions were progressive, resulting in a 21-item version, a 14-item version, and 4 12-item versions. A 14-activity version of the VLA questionnaire, with 1 follow-up question for each regarding ACCs, was selected. The S-VLA had 0 misfitting steps; 2 items had potential misfit but were retained for both substantive reasons and to provide logit spread. Correlation between L-VLA and S-VLA scores was 0.97; correlations of the L-VLA and S-VLA with other measures of functioning and RA impact were similar. Analyses were confirmed in Year 2 data. **CONCLUSIONS:** The S-VLA appears to be reliable and valid. The S-VLA may be more sensitive to change than other measures of functioning such as the HAQ and may appear more relevant to individuals with RA.

PMS41 MANAGEMENT OF KNEE OSTEOARTHRITIS: IMPACT ON PAIN ON A DAILY BASIS

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OBJECTIVES: To observe, under actual conditions of use, the pain effect obtained, in the context of management of knee osteoarthritis, combining a prescription of Avian ACS between 2 courses of treatment of 3 injections of hyaluronic acid spaced out by a maximum of 12 months. **METHODS:** Pragmatic, longitudinal and prospective follow-up carried out by rheumatologists in the context of their daily professional activities; the investigator does not change the prescription or management habits. **RESULTS:** A total of 201 patients are treated with hyaluronic acid and Avian ACS. The average age is 65.30 years (± 7.10). Average pain during activities of daily living (ADL) was measured by means of a visual analogue scale (VAS). It is 52.02 ± 20.53 at inclusion. At 6 months, this same average pain measured under the same conditions is 33.58 ± 25.21 . A third measurement at 12 months situates it at 30.44 ± 22.86 . Pain during ADL is significantly reduced between inclusion and month 6 ($p < 0.0001$) and between inclusion and month 12 ($p < 0.0001$). Accordingly, the reduction obtained in 12 months is 41%. With regard to pain measured at rest, it was also measured at inclusion, at 6 and 12 months, by means of VAS. There is a significant reduction in pain at rest between inclusion and 6 months ($p = 0.0052$) and the reduction between inclusion and month 12 is also significant ($p = 0.0005$). At inclusion, 6 and 12 months, the average pain observed is 29.86 ± 21.16 , 20.95 ± 23.13 and 17.33 ± 6.97 , respectively. **CONCLUSIONS:** Our study, which assesses the effect on pain obtained in the context of management of subjects with knee osteoarthritis, combining a prescription of Avian ACS between 2 courses of treatment of 3 injections of hyaluronic acid, showed a reduction in pain during ADL. This reduction in pain, which is significant at 6 months, then perpetuated at 12 months, shows the relevance of the treatment protocol used by the doctors.

PMS43 HEALTH-RELATED QUALITY OF LIFE IN PERIOPERATIVE PAIN MANAGEMENT PATIENTS AFTER ORTHOPEDIC SURGERY(TOTAL KNEE ARTHROPLASTY AND SPINAL FUSION)

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OBJECTIVES: This study aimed to investigate the differences in the levels of peri-operative pain and peri-operative health-related quality of life (HRQOL) in the patients underwent orthopedic surgery. **METHODS:** This study is multi-center and cross sectional study based on patients survey. Total 687 patients in 36 tertiary hospitals who are supposed to be performed orthopedic surgery (arthroplasty and spinal fusion) were interviewed. Clinical, surgery profile, and quality of life data were collected. Subjects completed a face-to-face interview with trained interviewer to assess their health status, patients satisfaction, pain scale for pain management. we obtained the quality of data through 3 interviews; before surgery day, post op 14 days f/w (POD14) and post op 3 months f/w. we enrolled the patients during maximum 4 months (July~ December 2009) **RESULTS:** Generally, the Quality of life of patients before surgery were lower than those of patients in POD 14. In average, utility weight of before surgery and POD 14 is 0.31 and 0.57. Patients who have heard about

the surgery pain from hospital staffs expected pain worse than those of who haven't. so VAS pain scores have significant gap between expected pain and POD 1 (patients who have been heard about the surgery pain : 72.68, POD1: 65.63/patients who haven't been :57.89, POD1: 67.25) There were significantly differences for using pre-emptive analgesics and pain management. the patients who were used for pre-emptive analgesics show the improvements compared to those who weren't used. **CONCLUSIONS:** There is few study of Quality of life for real patients in Korea. so it is meaningful to draw the utility weight of orthopedic surgery for patients. The findings suggest that utility weight for arthritis is lower compared to the results from national health survey aiming at residents in Korea (arthritis: 0.7621 from 2005 KNHANES).

PMS44 USTEKINUMAB IMPROVES OVERALL SKIN RESPONSE AND HEALTH-RELATED QUALITY OF LIFE IN A SUBSET OF MODERATE TO SEVERE PSORIASIS PATIENTS WITH PSORIATIC ARTHRITIS: ANALYSIS OF PHOENIX I AND 2

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OBJECTIVES: Ustekinumab(UST) has been shown to improve psoriasis(PsO) and health-related quality of life (HRQoL) in patients(pts) with moderate-to-severe PsO*. This analysis examines the effects of UST on overall skin response and the impact on HRQoL in a subset of PsO pts with psoriatic arthritis(PsA). **METHODS:** In PHOENIX 1 and 2, pts with moderate-to-severe PsO(n = 1996) were randomized to UST45mg or 90 mg at wks 0, 4, and q12 wk thereafter, or placebo(PBO) at wks 0 and 4 with crossover to UST at wk12. PsA was identified in pts by medical history. PsO severity was assessed using the Psoriasis Area and Severity Index(PASI) and HRQoL with the Dermatology Life Quality Index (DLQI). **RESULTS:** At baseline, 563(28.2%) pts had PsA. The mean PASI was 20.7(SD = 8.4) and mean DLQI was 12.6(SD = 7.2) indicating significant poor HRQoL. At wk12, UST-treated pts had a significantly greater percent improvement in mean PASI score than PBO-treated pts(45 mg: 73.7%, 90 mg: 75.3%, PBO: 2.4%; $p < 0.001$). A significantly greater portion of UST-treated pts achieved PASI75 compared to PBO-treated pts(45 mg: 63.0%, 90 mg: 61.5%, PBO: 3.6%; $p < 0.001$). UST-treated pts had a significantly greater decrease (improvement) in DLQI score at wk12 than PBO-treated pts(45 mg: -9.2 [SD = 7.1], 90 mg: -9.7[SD = 6.6], PBO: -0.01[SD = 5.0]; $p < 0.001$). At wk12, 70.2% in the UST 45 mg group and 75.0% in the UST 90 mg group respectively, experienced ≥ 5 point improvement in DLQI compared to 15.6 % for the PBO group ($p < 0.001$). UST-treated pts (50.0% and 57.1% in the 45 mg and 90 mg groups, respectively) had a DLQI score of 0 or 1, indicating no impact of the disease or treatment on HRQoL compared with 1.0% of PBO-treated pts ($p < 0.001$). **CONCLUSIONS:** UST improved overall skin response and HRQoL in a subset of moderate-to-severe PsO pts with PsA. This finding will be further evaluated in various ongoing prospective Phase 3 studies.*Lebwohl M, Papp K, Han C, et al. Br J Dermatol 2009;162(1):pg 137-146.

PMS45 ASSESSING HEALTH-RELATED QUALITY OF LIFE IN TAIWANESE RHEUMATOID ARTHRITIS PATIENTS BY APPLYING TIME-TRADE-OFF AND EQ-5D METHODS

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OBJECTIVES: To explore the adaption of quality-of-life (QoL) measurements and establish appropriate utility measure for Taiwanese rheumatoid arthritis (RA) patients, this study aims to apply both direct and indirect QoL measures and assess potential influencing factors. **METHODS:** A cross-sectional study was conducted at a medical center in Southern Taiwan from June to November 2009. Adult RA outpatients were invited for interviews, while health-related quality of life was measured by time-trade-off (TTO), Euroqol (EQ-5D) questionnaire and visual analogue scale (EQ-5D VAS). The EQ-5D assessment was transformed into EQ-5D index using Japanese preference weight. Patients' details on demography, disease activity score 28 (DAS28) and current medicine were also collected. Multivariate analysis was used to evaluate relationship between patients' details and utility values as well as the five dimensions of EQ-5D. **RESULTS:** Seventy-nine adult RA outpatients were successfully interviewed (86% women, mean age 55.23 ± 11.30 years, and mean RA history: 9.5 ± 4.98 years). Mean utility value measured by EQ-5D VAS, EQ-5D index and TTO were 63.66 ± 19.85 , 0.71 ± 0.18 and 0.58 ± 0.32 , respectively. Patients with higher disease activity reported lower utility and more difficulties in the EQ-5D's five dimensions. Stratifying by medications, patients using biological agents (N = 32) have higher disease activity (higher DAS28) than others (N = 47), but there is no significant difference in utility scores. After adjusting demography and EQ-5D dimensions, disease activity is associated with all utility measures, but there are more factors (marriage, selfcare problems, depression and weekly dose of methotrexate) influencing the TTO score. **CONCLUSIONS:** For Taiwanese RA patients, EQ-5D index is only and highly associated with the disease activity, and therefore this instrument may be an appropriate to assess local RA patients' QoL. However, since there is no Taiwanese EQ-5D value sets for deriving EQ-5D index, it is necessary to develop the Taiwanese population-based preference weight for EQ-5D in the future.